

# EQIA – Standard Impact Assessment (Form 1)

## Document Control

<b>Date started</b>	28 <sup>th</sup> March 2018
<b>Date completed</b>	9 <sup>th</sup> May 2018
<b>Date published</b>	Post 9 <sup>th</sup> May 2018
<b>EQIA approved</b>	13 <sup>th</sup> April 2018

**Question 1:**

**Which Service, Group or Committee is responsible for carrying out the Standard Impact Assessment?**

<b>Name</b>	Fife Health Social Care Partnership
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**Question 2:**

**Lead Assessor's contact details**

<b>Name</b>	Claire Dobson	<b>Tel. No</b>	03451555555
<b>Job Title:</b>	Divisional General Manager	<b>Ext:</b>	401453
<b>Department</b>	H&SCP West Division	<b>Email</b>	claire.dobson@nhs.net

**Question 3:**

**Title of Document / Policy (please include the Policy number) / Proposed Change (project or initiative)**

Primary Care Emergency Service: Overnight Contingency Arrangements
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**Question 4**

**Define the work– is it? N= New, R= Review / Redesign**

<b>Policy</b>		<b>Procedure (inc SOPs)</b>		<b>Guideline</b>		<b>Project</b>	
<b>Strategy</b>		<b>Protocol</b>		<b>Service</b>			
<b>Other?</b>		R Contingency Arrangement					

**Question 5**

**Briefly outline the aim and the purpose of the work that is being screened for Adverse Equality Impact.**

<b>Aim</b>	Ensure continuity of clinically safe service provision in light of staffing challenges in the overnight period.
<b>Purpose</b>	To maintain access, usage and service delivery within the overnight period.

### Question 6

Is this a new development? (Please tick)

Yes	X	No	
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### Question 7

If yes, what is it replacing or changing?

The service has managed ongoing staffing challenges but required to develop a contingency plan to ensure service continuity should staffing challenges continue to increase. Service management indicated that from April 2018 onwards there was going to be more than 50% of overnight GP shifts that had no regular cover.

### Question 8:

What is the scope for this EQIA? (Please tick\*)

NHS Fife (all)		NHS Fife (Acute)	X	NHS Fife (Corporate)	
HSCP West Division	X	HSCP East Division		HSCP Fife wide Division	
*Service specific? Name	Primary Care Emergency Service		*Discipline specific? Name		

### Question 9:

Who is it intended to benefit?

Staff	X	Service Users /Patients	X	Public	X
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**Question 10:**

**Identifying the Impacts**

Consider any potential Impacts on the Protected Characteristic Groups, etc and the relevance of policy/ change to each group is described as:

**H- High Relevance** ,**M = Medium Relevance** or **L= Low relevance**

**Equality Impact Assessment Matrix**

<b>Protected Characteristic</b>	<b>Positive Impact</b>	<b>No Impact</b>	<b>Adverse Impact</b>
<b>High Relevance</b>	<b>NO Full EQIA required</b>	<b>NO Full EQIA required</b>	<b>Full EQIA required – Action Plan required</b>
<b>Medium Relevance</b>	<b>NO Full EQIA required</b>	<b>NO Full EQIA required</b>	<b>Full EQIA required – Action Plan required</b>
<b>Low Relevance</b>	<b>NO Full EQIA required</b>	<b>NO Full EQIA required</b>	<b>EQIA may be required – discuss with Equality and Participation Co-ordinator as you may be able to address these Impacts immediately.</b>

<b>Relevant Protected Characteristics</b>	<b>Employees</b>	<b>Equality group</b>
<b>Age</b> - children and young people, older people	<b>M</b>	<b>H/AI</b>
<b>Disability</b> - including people with mental health difficulties	<b>M</b>	<b>H/AI</b>
<b>Race</b> - black and ethnic people including gypsy travellers	<b>L</b>	<b>H/AI</b>

<b>Sex</b> - women and men	L	L
<b>Sexual orientation</b> - lesbian, gay or bisexual	L	L
<b>Religion and Belief</b>	L	L
<b>Gender Reassignment</b>	L	L
<b>Pregnancy and Maternity</b>	L	L
<b>Marriage and Civil Partnership</b>	L	L
<p><b>Are there any other groups this work may affect? i.e.</b></p> <p>People living in rural areas, areas of disadvantage, homeless people, people on low incomes/poverty or people involved in the criminal justice system?</p>	<p>There is a need consider staff who are carers – in terms of additional travel time.</p> <p>Those staff members who have existing workplace adjustments in place.</p>	<p>People living in rural areas – in terms of access to transport.</p> <p>Low income families – in terms of access to travel and cost of additional travel.</p> <p>People experiencing homelessness.</p>

**Question 11:**

**Have you consulted with staff, public, service users, others to help assess for Impacts?**

**(Please tick)**

Yes	X	No	
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If yes, **who** was involved and **how** were they involved? If not, why not, was this necessary as it is just a refresh of existing policy or guidance already in place for example?

## Who?

### As part of our review of Out of Hours Urgent Care:

- Service Managers – on working group and project team
- Clinical Leads– on working group and project team
- Staff side reps– on working group and project team
- Range of clinical and administrative staff – on working groups and involved in co-production
- Members of the Public via (Participation and Engagement Network)- on working group
- Wide range of service users - contributing through option appraisal

### As part of ongoing operational service management:

- Public Representatives – on clinical governance and stakeholder groups
- Staff and Contractor representatives - on clinical governance and stakeholder groups

## How?

### As part of the Out of Hours Urgent Care review

- Group meetings
  - 03/05/2016 – nil
  - 28/06/2016 – nil
  - 10/08/2016 – Staff side
  - 28/09/2016 – Staff side
  - 13/12/2016 – nil
  - 25/01/2017 – Staff side and Member of public
  - 28/02/2017 – Staff side and Member of public
  - 22/03/2017 – Staff side and Member of public
  - 17/05/2017 – Staff side and Member of public
- Option appraisal consultations
  - Workshop 1 (day time) – Staff side and Member of public
  - Workshop 1 (evening) – Member of public
  - Workshop 2 – Staff side and Member of public
  - Workshop 3 – Staff side and Member of public

- Newsletters



Urgent Care staff  
newsletter 1 June 17 July 2017 - Final.docx



Newsletter 2 - 20



Newsletter 3 Final 3



Newsletter -

- Equality Impact Assessment workshop 26<sup>th</sup> March 2018
- Surveys
  - Travel survey – results on page 83 of full proposal

### As part of ongoing operational service management:

- Newsletters



PCES staff briefing  
October 2017 v2.doc



PCES staff briefing  
July 2017.docx



PCES staff briefing  
May 2017 2.docx

- Stakeholder group



As part of the wider Transformational Programme which included consideration of the two options for out of hours urgent care both of which include a reduction in the number of centres open overnight (1 has 1 centre open overnight as per contingency) within - Equalities Impact Assessment Workshop (26<sup>th</sup> March 2018)

Consultation and assessment workshop held with key stakeholders to:

- a. Systematically consider each of the nine 'protected characteristic' groups
- b. Estimate relevance – high, medium, low
- c. Assess for impact – positive, adverse, neutral
- d. Describe effects of impacts in terms of access, usage, quality and outcome etc.
- e. Identify and assess cross-cutting issues
- f. Propose actions to mitigate/justify negative impacts
- g. Propose actions to maintain/enhance positive impacts

### Question 12:

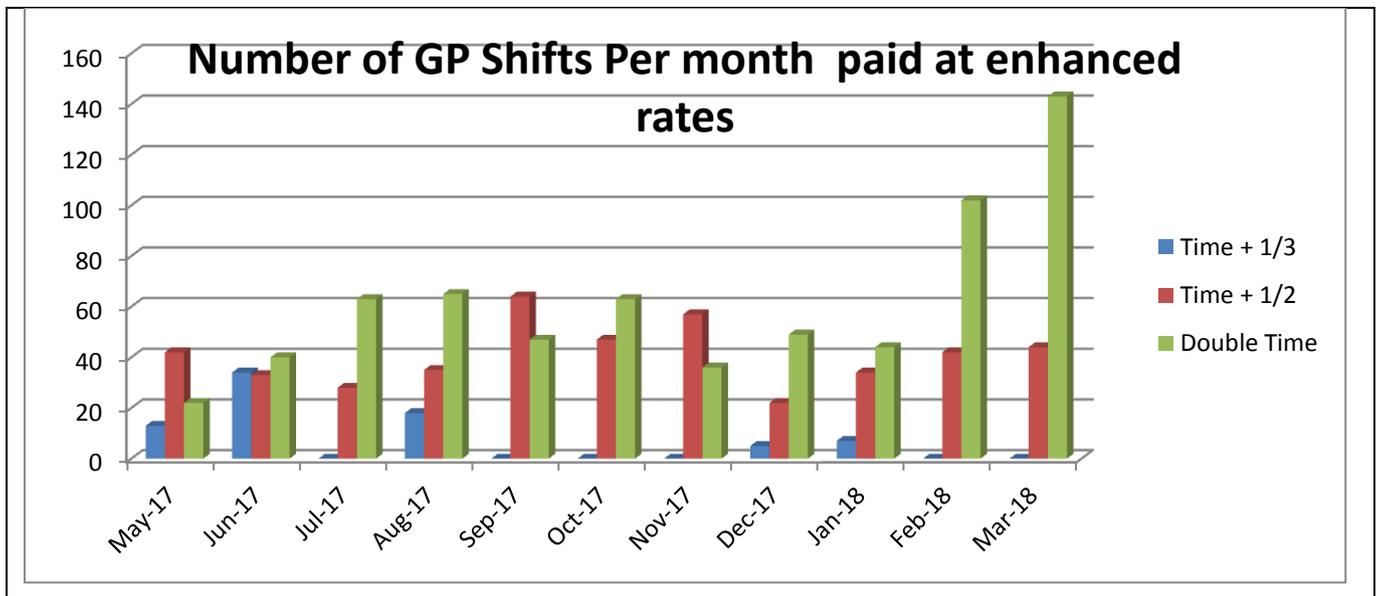
If necessary- please include in brief evidence or relevant information that has influenced the decisions being made (this could include demographic profiles, audits, research, published evidence, and health needs assessment, work based on national guidance or legislative requirements etc) . Any evidence /data that support's your assessment can be inserted into the box below.

**Please enter evidence/data links :**

#### **Data Reports:**

As part of the review there is a robust understanding of resource use over time.

As at April 2018, 43 out of the 84 overnight sessions in a four week block were permanently vacant, requiring cover to be negotiated/arranged on a day to day basis. The situation was particularly challenging at the Glenrothes Centre with 22 out of 28 overnight sessions vacant. The graph below illustrates these difficulties, as over time more and more enhancements have been offered to secure GP cover. During the same period an average of 6.5 nurse shifts per month have been covered by a GP at enhanced rates (monthly range 2-11shifts).



**Question 13:**

**Meeting the Public Duty for Equality Impact Assessment**

Please provide a rationale to support the results of the Standard Impact Assessment, in that due consideration has been given to:

- **Eliminate unlawful discrimination, harassment and victimisation**
- **Advance equality of opportunity between different groups; and**
- **Foster good relations between different groups**

What we must do	Provide a description or summary of how this has been achieved
<b>Eliminate discrimination</b>	<p>Ensured that the nine protected characteristic groups were taken into account when developing the contingency arrangements to help meet the Equality Act (UK) 2010, the Public Sector (UK) Act 2011 and the Specific Duties Regulation (Scotland) 2012 requirements.</p> <p>This was to minimise the potential for any adverse risk to any one or more of the nine protected characteristic groups in terms of experiencing direct or indirect discrimination as a consequence of deploying the contingency plan.</p>
<b>Advance equality of opportunity</b>	<p>Public members recruited to the Working Group and Option Appraisal were asked to complete an equality monitoring form as part of the recruitment process to Fife’s Health and Social Care Partnership, Participation and Engagement Network (P&amp;EN) The Transformational Board Programme (which includes the Urgent Care Review) aims to build on the standard EQIA initial consultation workshop and will aim to continue to monitor the participation levels of those individuals from the P&amp;EN and their representation of the nine protected characteristic groups, as well as participation levels from general members of the public in future consultations.</p>

<b>Foster good relations</b>	Carried out consultations that were open to all P&EN members who identified as being representative of one of more of the nine protected characteristic groups. The Transformational Board will continue to provide consultation opportunities for those groups via the Fife's Health and Social Care Partnership Participation and Engagement Network and with other specialised networks, as required as part of a rolling full EQIA.
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**Question 14:**

**Has your assessment been able to demonstrate the following?**

<b>Positive Impact</b>	<b>X</b>
<b>No Impact</b>	
<b>Adverse Impact</b>	<b>X</b>

If you have identified that a Full EQIA is required then you will need to ensure that you have in place, either a working group or a means to address the results of the Adverse Impact Assessment at one of your meetings or as a separate arrangement. **Prepare for this in advance**; bring any information or reports to the meeting, make contact with community groups or other organisations that you would like to have involved or to check your policy/program or service change etc.

<b>To be completed by Equality and Participation Co-ordinator</b>
EQIA checked by: Shirley Ballingall
Date: 13 <sup>th</sup> April 2018
Comments: The standard EQIA will continue to be developed until the scoping of the full EQIA is completed by September 2018. The standard EQIA is then to be published on the NHS Fife and Fife Council's Website.
Date EQIA published: September 2018